

Complete Summary

GUIDELINE TITLE

Specific infections. In: Guidelines on urological infections.

BIBLIOGRAPHIC SOURCE(S)

Specific infections. In: Grabe M, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Lobel B, Naber KG, Palou J, Tenke P, Wagenlehner F. Guidelines on urological infections. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 Mar. p. 92-3. [1 reference]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
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SCOPE

DISEASE/CONDITION(S)

- Urogenital tuberculosis
- Urogenital schistosomiasis (bilharziasis)

GUIDELINE CATEGORY

Counseling
 Diagnosis
 Management
 Prevention
 Treatment

CLINICAL SPECIALTY

Infectious Diseases
Obstetrics and Gynecology
Surgery
Urology

INTENDED USERS

Advanced Practice Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To assist urologists and physicians from other medical specialties in their daily practice
- To provide summary recommendations on the management of urogenital tuberculosis and the prevention and management of urogenital schistosomiasis

TARGET POPULATION

Patients suspected of or at risk for urogenital tuberculosis or schistosomiasis infection

INTERVENTIONS AND PRACTICES CONSIDERED

Urogenital Tuberculosis Diagnosis and Treatment

1. Culture of *Mycobacterium tuberculosis*
2. Biopsy
3. Drug treatment
4. Ablative or reconstructive surgery
5. Timing and duration of treatment

Urogenital Schistosomiasis Management

1. Precautionary warnings to travelers
2. Integrated care, including population education and pharmacologic treatment

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Two previously published guidelines on the diagnosis and management of urogenital tuberculosis and schistosomiasis were used as the basis for the recommendations.

NUMBER OF SOURCE DOCUMENTS

2

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Consensus Development Conference)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

General Methods Used to Formulate the Recommendations

- The first step in the European Association of Urology (EAU) guidelines procedure is to define the main topic.
- The second step is to establish a working group. The working groups comprise about 4-8 members, from several countries. Most of the working group members are academic urologists with a special interest in the topic. Specialists from other medical fields (radiotherapy, oncology, gynaecology, anaesthesiology etc.) are included as full members of the working groups as needed. In general, general practitioners or patient representatives are not part of the working groups. Each member is appointed for a four-year period, renewable once. A chairman leads each group.
- The third step is to collect and evaluate the underlying evidence from the published literature.
- The fourth step is to structure and present the information. All main recommendations are summarized in boxes and the strength of the

recommendation is clearly marked in three grades (A-C), depending on the evidence source upon which the recommendation is based. Every possible effort is made to make the linkage between the level of evidence and grade of recommendation as transparent as possible.

Specific Methods Used for This Guideline

The members of the Urinary Tract Infections Working Group of the EAU Guidelines Office established the first version of these guidelines in several consensus conferences. The first edition was published in 2001 in Geneva by the EAU and in a more condensed version was published for the first time in 2001. The members of the current UTI Working Group updated the guidelines in several consensus conferences thereafter. The EAU guidelines on urogenital tuberculosis and urogenital schistosomiasis have been published elsewhere and the present guidelines present separate short summaries.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The formal agreement to each updated chapter was achieved by the European Association of Urology (EAU) working group in a series of meetings.

There is no formal external review prior to publication.

The Appraisal of Guidelines for Research and Evaluation (AGREE) instrument was used to analyse and assess a range of specific attributes contributing to the validity of a specific clinical guideline.

The AGREE instrument, to be used by two to four appraisers, was developed by the AGREE collaboration (www.agreecollaboration.org) using referenced sources for the evaluation of specific guidelines. (See the "Availability of Companion Documents" field for further methodology information).

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Urogenital tuberculosis and bilharziasis are two infections that may affect the urogenital tracts. Although not endemic in Europe, cases of urogenital tuberculosis are occasionally diagnosed in all communities. In a world of globalisation, travellers are regularly confronted with situations in which they may be infected. Guidelines on the diagnosis and management of these two infectious have been published elsewhere. Following the abstract in the original guideline document, there is a direct link to these published Guidelines, free for consultation.

Urogenital Tuberculosis

Nearly one third of the world's population is estimated to be infected with *Mycobacterium tuberculosis*. Moreover, tuberculosis is the most common opportunistic infection in AIDS patients. Genitourinary tuberculosis is not very common, but it is considered as a severe form of extra-pulmonary tuberculosis. The diagnosis of genitourinary tuberculosis is made based on culture studies by isolation of the causative organism; however, biopsy material on conventional solid media may occasionally be required. Drug treatment is the first line therapy in genitourinary tuberculosis. Treatment regimens of 6 months are effective in most of the patients. Although chemotherapy is the mainstay of treatment, surgery in the form of ablation or reconstruction may be unavoidable. Both radical and reconstructive surgery should be carried out in the first 2 months of intensive chemotherapy.

Urogenital Schistosomiasis

More than 100 million people worldwide are affected by bilharziasis, caused by *Schistosoma haematobium*. For travellers precaution is most important. For the population in endemic areas, an integrated approach including health education is necessary. Effective pharmacologic treatment is available.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Recommendations are based on the following guidelines:

- Çek M, Lenk S, Naber KG, Bishop MC, Bjerklund Johansen TE, Botto H, Grabe M, Lobel B, Palou Redorta J, Tenke P; the Members of the Urinary Tract Infection (UTI). EAU Guidelines for the Management of Genitourinary Tuberculosis. Eur Urol 2005;48(3):353-62. [PubMed](#)
- Bichler KH, Savatovsky I; the Members of the Urinary Tract Infection (UTI) Working Group of the Guidelines Office of the European Association of Urology (EAU): Naber KG, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Grabe M, Lobel B, Redorta JP, Tenke P. EAU guidelines for the management of urogenital schistosomiasis. Eur Urol 2006;49(6):998-1003. [PubMed](#)

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Effective treatment of urogenital tuberculosis
- Effective prevention and management of urogenital schistosomiasis

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The purpose of these texts is not to be proscriptive in the way a clinician should treat a patient but rather to provide access to the best contemporaneous consensus view on the most appropriate management currently available. European Association for Urology (EAU) guidelines are not meant to be law texts but are produced with the ultimate aim to help urologists with their day-to-day practice.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The European Association of Urology (EAU) Guidelines long version (containing all 19 guidelines) is reprinted annually in one book. Each text is dated. This means that if the latest edition of the book is read, one will know that this is the most updated version available. The same text is also made available on a CD (with hyperlinks to PubMed for most references) and posted on the EAU websites Uroweb and Urosource (www.uroweb.org/professional-resources/guidelines/ & <http://www.urosource.com/diseases/>).

Condensed pocket versions, containing mainly flow-charts and summaries, are also printed annually. All these publications are distributed free of charge to all (more than 10,000) members of the Association. Abridged versions of the guidelines are published in European Urology as original papers. Furthermore, many important websites list links to the relevant EAU guidelines sections on the association websites and all, or individual, guidelines have been translated to some 15 languages.

IMPLEMENTATION TOOLS

Foreign Language Translations
Pocket Guide/Reference Cards
Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Specific infections. In: Grabe M, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Lobel B, Naber KG, Palou J, Tenke P, Wagenlehner F. Guidelines on urological infections. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 Mar. p. 92-3. [1 reference]

ADAPTATION

The guideline was adapted from the following sources:

- Çek M, Lenk S, Naber KG, Bishop MC, Bjerklund Johansen TE, Botto H, Grabe M, Lobel B, Palou Redorta J, Tenke P; the Members of the Urinary Tract Infection (UTI). EAU Guidelines for the Management of Genitourinary Tuberculosis. Eur Urol 2005;48(3):353-62. [PubMed](#)
- Bichler KH, Savatovsky I; the Members of the Urinary Tract Infection (UTI) Working Group of the Guidelines Office of the European Association of Urology (EAU): Naber KG, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Grabe M, Lobel B, Redorta JP, Tenke P. EAU guidelines for the management of urogenital schistosomiasis. Eur Urol 2006;49(6):998-1003. [PubMed](#)

DATE RELEASED

2009 Mar

GUIDELINE DEVELOPER(S)

European Association of Urology - Medical Specialty Society

SOURCE(S) OF FUNDING

European Association of Urology

GUIDELINE COMMITTEE

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Group Members: M. Grabe (*Chairman*); M.C. Bishop; T.E. Bjerklund-Johansen; H. Botto, M. Çek; B. Lobel; K.G. Naber; J. Palou; P. Tenke; F. Wagenlehner

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All members of the Urological Infections guidelines writing panel have provided disclosure statements of all relationships which they have and which may be perceived as a potential source of conflict of interest. This information is kept on file in the European Association of Urology (EAU) Central Office database. This guidelines document was developed with the financial support of the European Association of Urology. No external sources of funding and support have been involved. The EAU is a non-profit organisation and funding is limited to administrative assistance and travel and meeting expenses. No honoraria or other reimbursements have been provided.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [European Association of Urology Web site](#).

Print copies: Available from the European Association of Urology, PO Box 30016, NL-6803, AA ARNHEM, The Netherlands.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Guidelines on urological infections. Pocket guideline. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 Mar. 17 p. Electronic copies: Available in [English](#) and [Russian](#) from the EAU Web site. Also available as an e-book form the [EAU Web site](#).
- EAU guidelines office template. Arnhem. The Netherlands: European Association of Urology (EAU); 2007. 4 p.
- The European Association of Urology (EAU) guidelines methodology: a critical evaluation. Arnhem, The Netherlands: European Association of Urology (EAU); 18 p.

Print copies: Available from the European Association of Urology, PO Box 30016, NL-6803, AA ARNHEM, The Netherlands.

PATIENT RESOURCES

None available

NGC STATUS

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